**HDC TRANSFER OF PATIENT FORM**

*Instructions: These data are required for administrative purposes. It has to be completed by or on behalf of BOTH local investigators and BOTH local data managers involved.*
*Please send or fax to: HOVON Data Center, Erasmus MC Cancer Institute, Clinical Trial Center, P.O.Box 2040, NL-3000 CA ROTTERDAM, Fax +31.10.7041028*

**Please fill out this form if you wish to transfer all trial related responsibilities for a specific patient from one site to another.**

**1. original investigator and local data manager (LDM) sign the form and fill out name of new hospital and investigator.**
**2. original site sends form to new site AND sends a copy to the HDC.**
**3. new investigator and LDM sign this form (to confirm the transfer) and send this form back to the original site.**
**4. the completely filled out 'transfer of patient form' will be sent from the original site to the HDC. They will keep a copy for themselves.**
**5. upon receipt of the signed form, the HDC will complete the transfer of the patient.**

**Please note that when an eCRF is used, all data of patient visits in the original hospital need to be completed by the original site + all queries answered + signed off by original investigator before a patient can be transferred in the eCRF.**

**Please note that a copy of trial related records should also be transferred to the new site, such as a copy of the signed ICF, a copy or summary of source documents and copies of SAE reports. In case of paper CRFs, also copies of completed CRFs need to be provided. The original documents need to be retained by the original site that included the patient.**

**Please note that after transfer of responsibilities, all queries and data requests for this patient will be sent to the investigator / data manager of the new current hospital.**

**This transfer only applies to data collection and trial management by the HDC. Any issues regarding financial matters, such as reimbursements and KWF grants, need to be resolved between the sites.**

| | | | |
|---|---|---|---|
| **HOVON study name:** | ..... | | |
| **Patient study number** | \|___\|___\|___\|___\|___\| | **Patient year of birth:** | \|_____\| (yyyy) |

**For eCRF trials: have all data from patient visits at original hospital been completed in the eCRF?** ☐ **YES** ☐ **NO**

## Original registration hospital

| | |
|---|---|
| **Hospital:** | ..... |
| **City:** | ..... |
| **Local investigator:** | ..... |
| | Date \|___\|\|___\|\|_____\| Signature: ..... |
| **Local data manager:** | ..... |
| | Date \|___\|\|___\|\|_____\| Signature: ..... |

## New current hospital

| | |
|---|---|
| **Hospital:** | ..... |
| **City:** | ..... |
| **Local investigator / responsible physician:** | ..... |
| | Date \|___\|\|___\|\|_____\| Signature: ..... |
| **Local data manager:** | ..... |
| | Date \|___\|\|___\|\|_____\| Signature: ..... |